

PLUMBING CONTRACTORS COMPANY'S APPLICATION

____New ____Renewal

Plumbing License # _____

Legal Status of Business: ____Corporation ____LLC ____Sole Proprietor ____Partnership

EXACT LEGAL NAME OF CORPORATION, LLC, PARTNERSHIP, OR SOLE PROPRIETOR'S BUSINESS NAME (DBA)

NAME OF SOLE PROPRIETOR, PARTNER, LICENSE HOLDER, OR OFFICER OF CORPORATION/LLC

1. _____
MAILING ADDRESS

2. _____
PHYSICAL ADDRESS (if mailing address is a PO Box)

1. _____
CITY/STATE/ZIP CODE

2. _____
CITY/STATE/ZIP CODE

BUSINESS NUMBER

FAX NUMBER

HOME NUMBER

INTERNET ADDRESS

List all Officers if Corporation, LLC, or Partnership:

List all employees, partners, and/or officers who will be authorized to secure permits. Remember to include agents/applicants who are authorized to submit permits over the internet, if contractor subscribes to CivicNET.

1. _____
SIGNATURE

PRINT NAME

2. _____
SIGNATURE

PRINT NAME

3. _____
SIGNATURE

PRINT NAME

4. _____
SIGNATURE

PRINT NAME

5. _____
SIGNATURE

PRINT NAME

This application must be signed and dated. Signature indicates the information is complete and accurate. Contractors are responsible for maintaining current license information, in addition to submitting proof of current general liability coverage, workman's compensation coverage if applicable, and surety bond coverage before performing any work in the Consolidated City of Indianapolis.

SIGNATURE OF OFFICER, PARTNER, SOLE PROPRIETOR

DATE

DIVISION OF COMPLIANCE
1200 MADISON AVE
SUITE 100
INDIANAPOLIS, INDIANA 46225
PHONE (317) 327-1291
www.indygov.org/dmd

FOR OFFICE USE ONLY

LICENSE #

DATE

PROCESSED BY